

**Table of Contents**

<b>I. Rationale and Goals.....</b>	<b>2</b>
<b>II. Lessons Learned .....</b>	<b>2</b>
<b>III. Key Messages.....</b>	<b>3</b>
<b>IV. Preparing for a Communications Response.....</b>	<b>3</b>
<b>V. Communications Activities in the Presence of Pandemic influenza.....</b>	<b>6</b>
<b>VI. Influenza Educational Tools and Resources.....</b>	<b>9</b>

## ***Annex 9: Communication and Education - Draft***

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### **I. Rationale and Goals**

During both the 2001 Anthrax attacks and the 2003 outbreak of SARS, health communications figured prominently among the tools used to contain the outbreak. The response to outbreaks and the threat of outbreaks necessitated extensive communications activities. Experience showed that, although a media/communications plan cannot preempt the threat of an outbreak or solve associated public health problems, good communication can guide the public, the media, and healthcare providers in responding appropriately and complying with exposure-control measures as required.

This document describes the communication plans and activities that are suggested to prepare for a possible influenza pandemic and activities that would be needed to respond to such an outbreak. This plan identifies information necessary for major planning, preparedness, and communication response activities of state and local health departments and provides guidance for coordinating efforts with CDC and other entities. The goals of this annex are to provide local and state communications specialists with suggestions and guidance to:

- Provide accurate, consistent, and comprehensive information about influenza and pandemic influenza
- Instill and maintain public confidence in the nation's public health system and its ability to respond to and manage a pandemic influenza outbreak
- Contribute to the maintenance of order, minimization of public panic and fear, and facilitation of public protection through the provision of accurate, rapid, and complete information
- Address rumors, inaccuracies, and misperceptions as quickly as possible, and prevent stigmatization of affected groups

### **II. Lessons Learned**

After the SARS response of 2003, federal, state, and local public health colleagues conducted internal debriefings to prepare for future outbreaks of this magnitude. At CDC, communications officers, in consultation with state and local partners, identified the following as "lessons learned" for the next outbreak response:

- Timely dissemination of accurate and science-based information on what is known and not known about the outbreak and the progress of the response effort builds public trust and confidence.
- Coordination of messages and release of information among international, federal, state, and local health officials and affected institutions are critical to avoiding contradictions and confusion that can undermine public trust and impede containment measures.
- Information should be technically correct and sufficiently complete to support policies and actions without being patronizing.
- Guidance to community members on actions needed to protect themselves and their family members and colleagues is essential for crisis management.
- Information presented during an outbreak should be limited to objective data; messages should guard against excessive speculation, over-interpretation of data, overly confident

## ***Annex 9: Communication and Education - Draft***

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assessments of investigations and control measures, and comments related to other jurisdictions.

- Rumors, misinformation, misperceptions, and stigmatization of affected groups must be addressed promptly and definitively.
- Education and training of healthcare workers and public health staff on appropriate strategies to recognize the infection and implement control measures is key to containing an outbreak.

### **III. Key Messages**

Lessons learned from the 2003 SARS experience will help local, state, and national communications specialists refine their communications planning to facilitate appropriate and decisive actions in response to a pandemic influenza outbreak. The foundation for effective communication is a set of key messages that can be used consistently to highlight and reinforce the lessons learned and generate an appropriate response to pandemic influenza that minimizes risk while ensuring a strong and rapid response. These messages should be developed with the input of all decision-makers in the pandemic influenza response, and all communication messages should emanate from these central points. The following are examples for consideration:

- We have learned a great deal about influenza and this information is helping us prepare for a pandemic outbreak.
- Pandemic influenza can be controlled by rapid, appropriate public health action that includes surveillance, identification and isolation of influenza cases, infection control, and intense contact tracing. These measures can be a temporary inconvenience to those involved but are essential for containing a pandemic outbreak.
- The United States is preparing for a possible reappearance of pandemic influenza by: 1) educating healthcare workers about pandemic influenza and disease diagnosis, 2) enhancing surveillance systems to determine if and where influenza strains with pandemic potential have emerged, 3) developing the capacity to rapidly produce vaccines that will work against pandemic strains, 4) improving laboratory tests for influenza, and 5) enhancing influenza treatment options.
- The HHS is committed to preserving the health and safety of Americans and pandemic influenza preparedness is an important component of national biodefense readiness activities.

### **IV. Preparing for a Communications Response**

During the inter-pandemic period, states and localities need to prepare and disseminate messages to encourage vigilance for the possible reappearance of pandemic influenza and to specify activities to help control its spread. Communications personnel need to assess communication needs and capacity, develop criteria and procedures for requesting communications assistance, and develop mechanisms for coordinating the activities of on-site communications experts with local/state communication resources. If pandemic influenza transmission is confirmed, the community will look to state and local health departments as an information resource. Public information officers and communications specialists should be prepared for the surge of requests

## ***Annex 9: Communication and Education - Draft***

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and inquiries generated by reports of pandemic influenza activity. The following suggestions should be considered for optimal preparedness.

**Objective 1:** Assess the readiness of the jurisdiction to meet communication needs during a pandemic influenza outbreak.

### **Activities**

- Assess the information needs of healthcare providers. Communications specialists should have an understanding of healthcare provider knowledge about surveillance and reporting, diagnostics, transmission, exposure management, and issues such as concern for self-protection and possible use of quarantine and isolation.
- Assess the information needs of the general public. Public perceptions about influenza and pandemic influenza may reflect misunderstandings and inaccuracies that can exacerbate fears and may impede containment efforts. Assessment of public knowledge and beliefs should guide the preparation of risk communication messages and strategies. Information strategies may include surveys, focus groups, and consultation with professional and civic groups.
- Identify any logistical constraints to effective health communications. Consideration may include:
  - Adequacy of training in risk communication, media relations, and influenza and pandemic influenza epidemiology, clinical features, diagnostics, and surveillance.
  - Availability of tools (cell phones, email equipment, laptops) needed by communications staff at the time of deployment. A “Go-Kit” to enable staff to set up operations wherever necessary is optimal.
  - Capacity of hotlines and web servers to accommodate increased usage
  - Availability of emergency personnel to staff hotlines and communication centers for extended periods.
  - Adequacy of printing/graphic design contracts and resources to meet emergency needs

**Objective 2:** In advance of a pandemic reaching the U.S., make preparations for a rapid and appropriate communications response to a regional outbreak.

### **Activities**

- Prepare to manage media demands. The first jurisdiction(s) with possible or confirmed cases of pandemic influenza can expect a deluge of media attention. Local communications personnel will need to determine capacity and develop procedures for addressing demands. This may include requesting CDC communications assistance and coordinating the activities of on-site CDC and local/state communication resources. In addition, since this is likely to gain national attention, a national media strategy plan will need to be developed.
- Increase the range and type of educational materials that will be available during an outbreak. As possible, coordinate efforts with other agencies and organizations to tailor materials to the specific outbreak and to avoid duplication.

## ***Annex 9: Communication and Education - Draft***

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- Develop a portfolio of communication, information, and education sources and materials on topics including: clinical and laboratory diagnostics, infection control, isolation and quarantine, stigmatization management, travel control authority, legal issues, and agencies' roles and responsibilities.
- Develop and present formal educational curricula and materials in multiple formats for professional audiences.
- Identify population subgroups, if any, that are likely to be disproportionately affected by the pandemic and design materials appropriate for these subgroups.
- Coordinate with partner agencies to prepare and establish appropriate public, healthcare provider, policy maker, and media responses to a case or outbreak of pandemic influenza, including an understanding of how the public health system will respond, roles and responsibilities of the different sectors involved, and reasonable expectations regarding the scope and effect of public health actions, recommendations, and interventions.
- Establish protocols to communicate the data that will need to be reported daily after confirmation of pandemic influenza activity (e.g., morbidity and mortality figures; geographic location of cases; number of persons affected; number of persons hospitalized).
- Establish a mechanism in advance for reviewing and clearing pandemic influenza-related messages and materials.
- Identify a spokesperson(s) and subject matter experts who will be available during an outbreak. The spokesperson will require training in media relations and risk communication.
- Develop websites to help manage information requests. Materials may be developed in advance and stored on a server. Health departments may choose to use or adapt materials posted on NVPO's pandemic influenza websites ([www.hhs.gov/nvpo](http://www.hhs.gov/nvpo))
- Consider establishing a toll-free public information hotline. Although a CDC information hotline will be available during an outbreak, state and local health departments may also wish to provide this service for local residents. Hotline staff should be trained in advance and will need access to an evolving database of frequently asked questions.
- In coordination with other emergency response personnel, identify an algorithm or specific events that will activate emergency operations activities.
- Consider use of all available federal assistance. If requested, HHS communication experts can be dispatched immediately to a community that has a confirmed case of pandemic influenza disease. These persons can help coordinate communication and media relations' activities in the field and assist in the coordination of communication with public and private healthcare providers and other agencies responsible for the outbreak response.
- Be aware of local resources. The local chapters of the medical professional societies are helpful in disseminating educational messages to the community.

**Objective 3:** Increase knowledge about and awareness of influenza and pandemic influenza and enhance understanding of preparations and the appropriate response to a global recurrence or introduction into the United States.

## ***Annex 9: Communication and Education - Draft***

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### **Activities**

- Initiate the preparation and some dissemination of messages and materials to increase the knowledge of the public, healthcare professionals, policymakers, media, and others about pandemic influenza, travelers' advisories and alerts, infection control measures, patient management strategies, community containment measures including quarantine, and laboratory diagnostics. Public understanding of measures such as isolation and quarantine will facilitate acceptance of these approaches if needed.
- Use of a variety of approaches (e.g., increasing information available through websites and the media; collaboration with professional and civic organizations) to increase the level of knowledge about pandemic influenza. Target information to healthcare providers, public health officials, policy makers, media, and other local partners.
- Be prepared to immediately address questions related to the initial case(s) and to provide guidance to the public regarding disease susceptibility, diagnosis, and management. Clinical information about signs and symptoms and severity of illness and the extent of influenza activity in the U.S. will continually be placed in context.
- Be prepared to address more complex questions. Most healthcare providers will be relying on state/local health departments to provide needed information rapidly.
- Ensure the availability of communications products in multiple languages, based on the demographics of the jurisdiction. Health departments may choose to use or adapt translated materials on the central website.

### **V. Communications Activities in the Presence of Pandemic Influenza**

**Objective 1:** Coordinate local/state and national and international communications efforts related to pandemic influenza.

#### **Activities**

- Make every effort to work in close consultation with all relevant parties (international, intergovernmental, and local) to ensure a consistent and accurate communications response.
- In the event of a widespread outbreak in the United States, it may be necessary to establish a Joint Information Center (JIC) in field locations where outbreak(s) are occurring. Most state and local jurisdictions currently have plans in place to facilitate such an installation if necessary. The JIC will become operational at the beginning of an HHS-wide federal response to the outbreak and will consist of representatives from all local, state, and federal agencies involved in the outbreak response. States and localities will coordinate all communication activities through the JIC or through an emergency communications center if the JIC has not been activated. Interact, as appropriate, with the HHS Assistant Secretary for Public Affairs Office (ASPA) and CDC's Emergency Communication System (ECS). Once pandemic activity is confirmed, the ECS will be activated and serve as a resource to state and local

## ***Annex 9: Communication and Education - Draft***

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communications personnel and coordinate the federal public health communication response and will direct all pandemic influenza related communication activities, including communication strategy development, key message development, website management, materials development and dissemination, national media relations, media monitoring, and all other national communication components. .

- Interact, as appropriate, with federal communication liaisons.
- Harmonize messages used at the national and local levels (see Key Messages above).

**Objective 2:** Keep communications staff informed and ready with accurate, up-to-date information that is relevant to the situation in the local jurisdiction.

### **Activities**

- Activities of the CDC Field Communication Community Liaison include:
  - Assist in identifying key community partners, developing and maintaining a contact list of these partners, and scheduling and participate in daily briefings
  - Assist in the management of the [local] Joint Information Center
  - Assist in the management of community outreach staff
  - Assist in coordination and management of training and education outreach activities for healthcare professionals
  - Send a daily community outreach activity report to the CDC Director's Emergency Operations Center and, if identified, the pandemic influenza response team
  - Request the new materials as updated and provide information on new and emerging questions and issues identified from hotlines and other sources
  - In coordination with local authorities, maintain a daily log of community information activities to facilitate the subsequent evaluation of the outbreak response
  - Assist federal, state and local officials in working with state and community groups.
- Establish a case definition and develop procedure for the regular release of updated case counts at a specified time and location (e.g., website).
- Develop a library of pandemic influenza-related material for reference. Local and state health departments should develop a listing of pandemic influenza resources and references that can be readily available to communications and public information officers. Although information on pandemic influenza is available from multiple sources, CDC's website is likely to continue to offer the most up-to-date official information. Local and state health departments should visit the CDC website at [www.cdc.gov/ncidod/pandemic\\_influenza/](http://www.cdc.gov/ncidod/pandemic_influenza/) for updated guidance, protocols, press releases, travel advisories, and educational materials in other languages.
- Equip all communications staff with a resource booklet identifying websites relating to pandemic influenza. Have the information technology department bookmark these links on staff members' workstations.

## ***Annex 9: Communication and Education - Draft***

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- Maintain a library of relevant articles and publications in hard copy for use during field operations.
- Know the community. Ensure that communication materials address the language needs and cultural aspects of the affected community.
- Know your hotlines. Hotlines can provide ongoing guidance on new messages and materials that need to be developed to respond to public inquiries and concerns.
- Coordinate and maintain communication with local partners, such as:
  - Public affairs directors and information officers from local and state health departments
  - City and state government public affairs offices
  - Local congressional delegation and offices
  - Local police and fire departments and emergency management officials
  - Regional HHS health officers and regional emergency preparedness offices
  - Local hospital public relations/affairs departments
  - State and local Emergency Operations Center coordinators
  - Federal Emergency Operations Centers

**Objective 3:** Communicate key messages, and provide up-to-date information on global and domestic pandemic influenza activity.

### **Activities**

- Plan to conduct daily media briefings at a regularly scheduled time.
- Develop a central website for managing information requests from the public. Such a strategically designed website can be used to organize and quickly provide information, updates, fact sheets, responses to frequently asked questions, healthcare provider resources, and media materials to a range of audiences.
- Provide information for travelers. Pandemic influenza activity anywhere in the world will prompt immediate attention to travelers' movements to and from affected areas and will likely result in travelers' alert messages and surveillance at relevant ports of entry. This information should be developed in advance of a pandemic.
- Daily routines should be implemented for informing, and responding to inquiries from the media, healthcare providers, and the public:
  - Establish regular press briefings. Once routine briefings are established, they will be invaluable in terms of relaying rapidly changing messages.
  - 'In-person' press briefings are best for major public health announcements.
  - Ideally, the same experts will conduct the media briefings to ensure continuity of messages. Experts should be reassuring about the ability of the public health authorities to respond to a crisis but should not minimize the severity of the situation in a way that could invalidate public concern.
  - Limit media briefings to 30 to 45 minutes.
  - The state or local public information officer representing public health should moderate, begin, and end the briefing. HHS will moderate departmental media briefings. The moderator should: 1) set ground rules, 2) announce times of future



## ***Annex 9: Communication and Education - Draft***

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- briefings, 3) make administrative announcements, and 3) briefly introduce each panel member.
- Each panel member should speak for 3 to 5 minutes on issues related to his/her area of expertise. Questions should be held until all panel members have spoken. Questions should be directed to the moderator, who will either answer the question or refer it to the appropriate panel member.

### **VI. Pandemic Influenza Educational Tools and Resources**

Pandemic influenza educational tools and resources focus on understanding what is known about influenza and reinforcing infection control practices as the key to the prevention and control. Additional information is available on the following websites:

- NVPO Pandemic Influenza Webpage (<http://www.dhhs.gov/nvpo/pandemics/index.html>)
- www.cdc.gov/flu
- The World Health Organization (WHO): pandemic (<http://www.who.int/csr/disease/influenza/pandemic/en/>)
- Pandemic Influenza: A Planning Guide for State and Local Officials version 2.1 (<http://www.dhhs.gov/nvpo/pandemics/>)
- Flu Aid 2.0 (software and manual) (<http://www2a.cdc.gov/od/fluaid/>)
- **Archived satellite broadcasts and webcasts** -- Archived satellite broadcasts and webcasts provide a comprehensive review of infection control practices, clinical diagnosis and management, quarantine and community containment, legal challenges, laboratory diagnostics, and surveillance activities. Archived webcasts include the following:
  - Public Health Community Preparedness for Severe Acute Respiratory Syndrome [www.cdc.gov/ncidod/sars/webcast/broadcast052003.htm](http://www.cdc.gov/ncidod/sars/webcast/broadcast052003.htm)
  - Preparing for the Return of SARS: Are We Ready? [www.phppo.cdc.gov/PHTN/webcast/sars-return/](http://www.phppo.cdc.gov/PHTN/webcast/sars-return/)
  - SARS: When a Global Outbreak Hits Home [www.publichealthgrandrounds.unc.edu/sars/index.htm](http://www.publichealthgrandrounds.unc.edu/sars/index.htm)
  - Notice to Readers: Satellite Broadcast on Preparing for the Next Influenza Pandemic MMWR May 26, 2000 / 49(20):449.
- **PowerPoint slides** – under development
  - **Educational tools** -- Educational materials (currently under development) focus on pandemic influenza preparedness and infection control practices. These downloadable resources include reviews of personal protective equipment (PPE) and training activities for healthcare settings.

## ***Annex 9: Communication and Education - Draft***

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Announcements regarding the availability of these materials will be posted on the NVPO pandemic influenza webpage at <http://www.dhhs.gov/nvpo/pandemics/index.html>

